PTO/SB/06 (08-

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Substitute for Form PTO-875								09091452		
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)						SMALL E	ENTITY	OR		R THAN ENTITY
FOR MUMBER FILED		NUMBE	R EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))							5	OR		,
TOTAL CLAIMS (37 CFR 1.16(cl))	1	minus 20	. [.			x \$=		OR	x s =	
INDEPENDENT CLAIMS					x \$ =			x s =		
(37 CFR 1.16(b)) minus 3 a *								· OR		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5=		OR	+\$=	
* If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL	L
CLA	IMS AS AME	ENDED	- PART II							
(Column 1) (C			(Column 2)	(Column 3)		SMALL E	NTITY	OR		R THAN ENTITY
	CLAIMS REMAINING AFTER WIENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD; TION/ FEE
Or CFR LINES)	44	Minus	- 48	•		-x-s <u>25</u> =		-OR	x \$50 =	
Z Independent • Q7 CFR 1,16(kg)	4	Minus	- 9	•		x \$100=		OR	× 1200-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37,CFR 1.16(d))						+5		OR	+5=	
					•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
a rulnx						ADDETEL		1 0	NOO C FEE	L
012-111	(Column 1)		(Cotumn 2)	(Cotumn 3)	ı	<u>. </u>	·	i	·	
	REMAINING AFTER WENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION. FEE
Total •	44.	Minus	-48	• / .		x s =		OR	x50=	
W Total OZ prom s.seco	4	Minus	- 9	-/		X \$=		OR	× = 200=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+360	\prod_{i}
						TOTAL ADDL FEE		OR	TOTAL ADD'L FEE	77
						7000100		J •	1200.00	42
	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	ŀ			1.		T
	REMAINING AFTER WENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ŀ	RATE	ADDI- TIONAL FEE		RATE	ADI TIOI FE
Total or Tot		Minus	•	e		x \$=		OR	X \$=	
Z Independent •		Minus	***	-		x \$=		OR	X 8=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.16(d))						+ 5		OR	+ 5	
•					•	TOTAL ADD'L FEE		OR	TOTAL ADDL FEE	
• If the entry in cotu	mn 1 is less the	n the entr	/ in column 2. writ	te 10° in column	3.			•		

"If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 anthrites to concluding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the instituted case. Any concern the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS 1-ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.